

PARENT/GUARDIAN CONSENT FORM FOR LEARNING FOR LIFE AVIATION FLIGHTS

I certify that I am the parent or legal guardian of the participant listed below, and I give my consent for him/her to participate in flight/flights listed. I understand that participation in aviation activities involves a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and agree to hold Learning for Life, its agents and employees harmless for all personal injury which could result from participation in this flying program.

Date(s) of flight(s) _____

For Aviation Explorer Post Fly-Along Plan **ONLY**, enter dates for period that all flights will be covered. (Cannot exceed 12 months. Example: Sept. 1, 1998, thru Aug. 31, 1999.)

Start date ____/____/____ End date ____/____/____

Name of Participant

Parent/Guardian Signature

Parent/Guardian Signature
(If two parents/guardians, both need to sign.)